



CHILD CARE CENTER NARRATIVE

State Form 46410 (R / 8-02) / BCD 0078

Page 1

| | | | | | | | | | |
|--|---|----------------------|---|----------------|----------------------------------|--|---|-------------------------|---|
| Name of center | | | | | | | | | |
| Address (number and street, city, state, ZIP code) | | | | | | | | | |
| Licensed capacity | | | | | Total number of children present | | | | |
| Discussed with: (please print) | | | | | Licensed for age(s) Through | | | | |
| CHILD / STAFF RATIOS | | | | | | | | | |
| IT | 2 | 3 | 4 | 5 | 6 & older | _____ | : | _____ | ALL CHILDREN SUPERVISED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IT | 2 | 3 | 4 | 5 | 6 & older | _____ | : | _____ | |
| IT | 2 | 3 | 4 | 5 | 6 & older | _____ | : | _____ | |
| IT | 2 | 3 | 4 | 5 | 6 & older | _____ | : | _____ | |
| IT | 2 | 3 | 4 | 5 | 6 & older | _____ | : | _____ | |
| IT | 2 | 3 | 4 | 5 | 6 & older | _____ | : | _____ | |
| IT | 2 | 3 | 4 | 5 | 6 & older | _____ | : | _____ | |
| IT | 2 | 3 | 4 | 5 | 6 & older | _____ | : | _____ | |
| REVIEWED FOLLOWING SECTIONS OF REVIEW / ASSESSMENT SHEETS | | | | | | | | | |
| Ratios / Supervision * | | Naptime | | Transportation | | Consultant: | | | |
| Personnel * | | Program | | Posted Items * | | ID# | | | |
| Policies / Procedures | | Building / Grounds * | | Food * | | Date: | | | |
| Personal Hygiene * | | Equipment | | Discipline | | N/C Report Issued: | | | |
| Staff Records | | Pools | | Two Year Olds | | Date of licensing recommendation: | | | |
| Children's Records | | Field Trips | | School Age | | License recommended: | | | |
| | | | | | | Code Number | | | |
| INFANT TODDLER SECTIONS | | | | | | Date entered into PC: | | | |
| Ratios / Supervision * | | | | Naptime | | Start Time: | | | |
| Personnel * | | | | Food * | | End Time: | | | |
| Program / Activities | | | | | | Type of visit: <input type="checkbox"/> Annual Visit * <input type="checkbox"/> Periodic Site Visit <input type="checkbox"/> Complaint Visit <input type="checkbox"/> Probationary Visit <input type="checkbox"/> Provisional Visit <input type="checkbox"/> Scheduled Visit <input type="checkbox"/> Unlicensed Visit <input type="checkbox"/> Playground Audit | | | |
| Building / Grounds / Equipment | | | | | | | | | |
| COMMENTS: | | | | | | | | | |
| Signature of person with whom discussion took place | | | | | | Title | | Date (month, day, year) | |

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|-------------------------|
| Name of center |
| License number |
| Date (month, day, year) |
| COMMENTS |